

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO. 10 / 530789 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.	
	1			<th></th> <th></th> <th data-kind="ghost"></th> <th></th> <td><th></th><td><th></th><th></th><th></th><th></th></td></td>					<th></th> <td><th></th><th></th><th></th><th></th></td>		<th></th> <th></th> <th></th> <th></th>				
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18	1							67							
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23	1							72							
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32	1							81							
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49								98							
50								99							
TOTAL IND.	5							100							
TOTAL DEP.	31														
TOTAL CLAIMS	36														